

WSRC Vendor Authorization for ACH / EFT Payments

Add: _____

Change: _____

1. Complete this form

2. Attach a copy of a "voided check" from your checking account
(No deposit slips)

Section I: Vendor Information

Vendor Name (as indicated on P.O.) _____

Vendor Address (as indicated on P.O.) _____

Vendor **Accounts Receivable** Contact: _____

Vendor Fax #: _____

Vendor Phone #: _____

Accts. Receivable Email Address: _____

Section II: Banking Information

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone #: _____

Deposit Account Title: _____

Bank Routing/Transit or ABA Number (9 digits): _____

Deposit Account Number: _____

Type of Account: Checking _____

Savings _____

I hereby authorize Washington Savannah River Company (WSRC) to initiate credit entries to the above bank account for the payment of invoices due to the Vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to WSRC on their company check.

Additionally, I understand that in the event the above account should be closed or I determine that payment should not be deposited into the above account, it will be my responsibility to notify WSRC Accounts Payable in a timely manner to have the deposits discontinued and furnish new account information.

Co-Authorizing Signature / Title Date: _____

Accounts Receivable Contact Signature Date: _____

PLEASE FAX COMPLETED FORM TO JONELL O'BRYANT:

FAX: 803-952-8843

PHONE: 803-952-6278